**DONATION PLEDGE FORM**

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◻ Here is my donation: $

◻ I want to donate to Deaf Youth Program: $

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| Make money order or personal check payable to **WVAD** or complete the credit card information below:  □ Visa □ MasterCard □ Discover Card □ American Express  Name on Credit Card: Exp. Date: Security Code:  Credit Card Account No.: \_\_\_ \_\_\_ \_\_\_ \_\_\_ – \_\_\_ \_\_\_ \_\_\_ \_\_\_ – \_\_\_ \_\_\_ \_\_\_ \_\_\_ – \_\_\_ \_\_\_ \_\_\_ \_\_\_  Signature: Date:  Mail this donation pledge form to:  West Virginia Association of the Deaf, Inc.  Jimmy Harrison, WVAD Membership Coordinator  5 Cordoba Drive  Hurricane, WV 25526  Video Phone No.: 304-964-6025 |
| --- |

*Your donation makes it possible for WVAD to protect the collective interests of West Virginia’s deaf and hard of hearing community through advocacy efforts with our policy makers.*